



BASEBALL REGISTRATION

MONTLAKE COMMUNITY CENTER

SPRING 2006

T-Ball (for ages 5-7, as of June 1st)

This program focuses on fundamentals and having fun. Every team will practice once a week and play games on Thursday. All practices and games will be at Montlake CC, starting June 5th and finishing August 10th.

Name of T-baller: _____

Email: _____ (provided to coaches only)

Fee: \$45 (will receive a jersey)

Requests: If there is a particular day or time that you would like to have for practice, or a friend you would like to have on your team, please put down your request below. These are requests only, and will try to be honored.

Request: _____



Contact: Klaus.goodrum@seattle.gov Phone: 423-4081



Coach Pitch (for ages 7-9, as of June 1st)

This is a great transition from t-ball, where the coach pitches to his players. Practices will be once a week, with games on Fridays. Games and practices will be at different locations, starting the first week in June and finishing August 11th.

Name of player: _____

Email address: _____ (provided to coaches only)

Fee: \$50 (will receive a hat and jersey)

Requests: If there is a particular day or time that you would like to have for practice, or a friend you would like to have on your team, please put down your request below. These are requests only, and will try to be honored.

Request: _____

Office use:
receipt #:

Date:

Staff Initial:



YOUTH SPORTS REGISTRATION FORM

Dear Parent or Guardian:

The Seattle Department of Parks and Recreation welcomes your child to our Youth Sports Program. We hope that your child will find the experience rewarding and will develop skills and friendships that he or she will keep for the rest of his/her life.

Your child will be placed on a team based on an assessment by Recreation staff and/or volunteer coaches using the following criteria: safety, skills, and ability. If there are only enough youth to form one team in your child's age division and gender at the desired community center, your child will automatically be placed on that team. The ability of the team is then assessed by Recreation staff and the team is placed for example in the appropriate league, either Gold (competitive), Silver and Bronze (recreational) or House League (recreational skill development).

If there are not enough participants to form a team with your child's age and/or gender classification at the community center where you signed up, you will be given the opportunity to have your child join a team at another community center, join a team in a different age group, or join a team of the opposite gender.

As a condition of your child's participation in this activity, you must complete and sign the attached form and return it to the community center where your child is participating. If you do not want to authorize the City to secure medical treatment for your child in the event of an accident and you cannot be contacted, then cross out and initial the medical authorization paragraph. Be sure, nonetheless, to complete the "Emergency and Medical Information" section.

Thank you.

COMMUNITY CENTER FILE COPY

Child's Name _____ Parent's Name _____

Age _____ Birth date _____ Sex _____ Telephone _____ Parent's Work Phone _____

Address _____ City _____ Zip _____

School _____ Grade _____

| Sport or Activity | Signature of Parent or Guardian | Date |
|-------------------|---------------------------------|------|
|-------------------|---------------------------------|------|

| | | |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
|----------|-------|-------|

| | | |
|----------|-------|-------|
| 2. _____ | _____ | _____ |
|----------|-------|-------|

| | | |
|----------|-------|-------|
| 3. _____ | _____ | _____ |
|----------|-------|-------|

This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in a sport or activity of the Department's Youth Sports Program in order to aid you in making an informed decision as to whether or not your child should participate in this athletic activity and requires you to assume its risks. The second section emphasizes obedience to safety rules. The third section gives the Department authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the Department important information about your child.

As a parent or guardian, you should ask coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is your.

I. ASSUMPTION OF RISKS

Injuries to participants in the Youth Sports Program may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of the City and the Seattle Department of Parks and Recreation permitting my child or ward to participate in its Youth Sports Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above. I release the City, its Department of Parks and Recreation, the Department's employees, advisory councils, and/or volunteers from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the City to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the City, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

IV. EMERGENCY AND MEDICAL INFORMATION

Person to contact in an emergency:

| | |
|---------------|--------------------------|
| _____ Name | _____ Telephone (Day) |
|---------------|--------------------------|

| | | | |
|------------------|---------------|--------------|--------------------------------------|
| _____ Address | _____ City | _____ Zip | _____ Telephone (Evening/Weekend) |
|------------------|---------------|--------------|--------------------------------------|

Alternate person to contact in an emergency:

| | |
|---------------|--------------------------|
| _____ Name | _____ Telephone (Day) |
|---------------|--------------------------|

| | | | |
|------------------|---------------|--------------|--------------------------------------|
| _____ Address | _____ City | _____ Zip | _____ Telephone (Evening/Weekend) |
|------------------|---------------|--------------|--------------------------------------|

Physician:

| | |
|---------------|--------------------|
| _____ Name | _____ Telephone |
|---------------|--------------------|

| | | |
|------------------|---------------|--------------|
| _____ Address | _____ City | _____ Zip |
|------------------|---------------|--------------|

Allergies: _____

Medications: _____

Medical Problems: _____

Insurance Company: _____

Comments: _____

I/We have agreed to assume the risks of participation and the release, given the instruction, authorized immediate medical attention if I/we cannot be contacted, and completed the emergency and medical information.

| | |
|--|---------------|
| _____ Signature of Parent or Guardian | _____ Date |
|--|---------------|

Printed Name: _____

Address: _____

Telephone: (Home) _____ (Day/Work) _____

Relationship: _____